

# **Exhibit B**

## CIVIL COURT OF THE CITY OF NEW YORK

## APPLICATION FOR A SUMMONS 2016

008037

## PARTIES

**PLAINTIFF:** (Your name and complete address, including your apartment number and telephone number.) [NOTE: If the claim is based on an auto accident, the claim must be *Owner* against *Owner*.]

Nijo Mills  
 510 W. 136 St. Apt 1A  
 New York, N.Y. 10031 917-736-4288

**DEFENDANT(S):** (The full legal name and street address (no box number) of the party(ies) you are suing. Indicate whether you are suing this party as a person or a business.) [NOTE: If you are suing a business, indicate whether it is a partnership, a corporation or an individual with a business certificate. This information can be obtained in the County Clerk's Office in the county in which the business is located. Failure to check this information may result in a judgment which cannot be executed.]

Alphabet Inc.  
 76 9th Ave  
 New York, N.Y. 10011

FILED

MAY 06 2016

NEW YORK COUNTY  
CIVIL COURT

## REASON FOR CLAIM:

## CLAIM

- |                     |   |  |   |
|---------------------|---|--|---|
| Damage cause to:    | <input type="checkbox"/> automobile                             | <input type="checkbox"/> person  | <input type="checkbox"/> property other than automobile   |
| Failure to provide: | <input type="checkbox"/> repairs                                | <input type="checkbox"/> proper service  | <input type="checkbox"/> goods ordered  |
| Failure to return:  | <input type="checkbox"/> security                               | <input type="checkbox"/> property  | <input type="checkbox"/> deposit <input type="checkbox"/> money   |
| Failure to pay for: | <input type="checkbox"/> wages<br><input type="checkbox"/> rent | <input type="checkbox"/> services rendered<br><input type="checkbox"/> commissions | <input type="checkbox"/> insurance claim <input type="checkbox"/> money loaned<br><input type="checkbox"/> goods sold and delivered |
| Breach of:          | <input type="checkbox"/> contract                               | <input type="checkbox"/> lease   |   |
| Loss of:            | <input type="checkbox"/> luggage                                | <input type="checkbox"/> property  | <input type="checkbox"/> time from work <input type="checkbox"/> use of property  |
| Returned:           | <input type="checkbox"/> check (bounced)                        | <input type="checkbox"/> merchandise (not reimbursed)                              |   |

Other: (Be brief)

Copyright infringement  
 Emotional Distress

## DETAILS OF CLAIM:

Amount of Claim: (Limit \$25,000 for each Cause of Action) \$ ~~10,000.00~~ 24,000.00

Date of Occurrence: September 9, 2013

Place of Occurrence: 2155 University Avenue

If Car Accident: YOUR license plate # \_\_\_\_\_ DEFENDANT'S license plate # \_\_\_\_\_

Identifying Number(s): \_\_\_\_\_

(Receipt #, Claim #, Account #, Policy #, Ticket #, etc.)

May 2, 2016  
 Date

x Nijo Mills  
 Signature of Plaintiff